

AMENDED REPORT

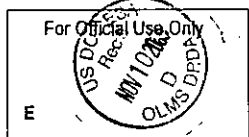
U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3015</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Kinsey M Robinson P.O. Box, Bldg., Room No., if any Suite 800 Street 1660 L Street, NW City Washington State District of Columbia ZIP Code +4 20036-5603	4. Name, file number, and address of labor organization. Name United Union of Roofers, Waterproofers & A.W. Labor Organization File Number 000-135 P.O. Box, Building and Room Number, if any Suite 800 Street 1660 L Street, NW City Washington State District of Columbia ZIP Code +4 20036-5603
5. Position in labor organization. International Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>11/1/05</u>	<u>202-463-7663</u>
	Date	Telephone Number

Name of Person Filing Kinsey Robinson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ASB Capital Management, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 260

Street 7501 Wisconsin Avenue

City Bethesda

State Maryland ZIP Code + 4 20814

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Roofing Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7990 SW 117th Ave

City Miami

State Florida ZIP Code + 4 33183

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

5-26-04 Business Lunch

12.b. Amount.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Kinsey Robinson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ASB Capital Management, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 7501 Wisconsin Avenue

City Bethesda

State Maryland ZIP Code + 4 20814

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Roofing Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7990 SW 117th Ave

City Miami

State Florida ZIP Code + 4 33183

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

6-11-04 Fishing Trip

12.b. Amount.

\$158

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 15 Union Square
City New York
State New York ZIP Code + 4 10003-3378

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State District of Columbia ZIP Code + 4

11.a. Nature of such dealing.

Banking

11.b. Approximate dollar value of such dealing.

\$1,500

12.a. Nature of interest held or income received.

12-25-04 Blanket

12.b. Amount.

\$38

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Kinsey Robinson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling, or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AFL-CIO Building Investment Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 707

Street 1717 K Street, NW

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Natiuonal Roofing Insdustry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7990 SW 117th Ave

City Miami

State Florida ZIP Code + 4 33183

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

1-20-04 Business Dinner

12.b. Amount.

\$53

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Kinsey Robinson

File Number U-

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8. Name and address of Business (including trade name, if any).

Name AFL-CIO Building Investment Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 707

Street 1717 K Street, NW

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Roofing Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7990 SW 117th Ave

City Miami

State Florida ZIP Code + 4 33183

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2-18-04 Business Dinner

12.b. Amount.

\$95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

AMENDED REPORT

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Fiscal Year January 1, 2004 to December 31, 2004

Kinsey M. Robinson

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.